

CLAIMS ONLY							Application Number <b>10777083</b>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	
1	I					51				
2		I				52				
3	I					53				
4		I				54				
5	I					55				
6	I					56				
7	I					57				
8		I				58				
9		I				59				
10						60				
11						61				
12						62				
13						63				
14						64				
15						65				
16						66				
17						67				
18						68				
19						69				
20						70				
21						71				
22						72				
23						73				
24						74				
25						75				
26						76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	5					Total Indep				
Total Depend	4					Total Depend				
Total Claims	9					Total Claims				